

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18421

State File No. 30

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 30

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME MARY ELLEN CARRANDER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOE CARRANDER 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased AUGUST 21 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 22 hr. min.

9. Birthplace OWENSVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name JOHN CARICO
13. Birthplace HILLSBOROUGH ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name MAY COLVIN
15. Birthplace TUSCUMBIA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Carrander
(b) Address Adrian, Mo.
17. (a) BURIAL (b) Date thereof 5-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM CEMETERY
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Adrian, Mo.
19. (a) 5-15-43 (b) Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER 66
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. 6. 4th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13
year 1943 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from July 15 1941
19 13 to May 13 19 43
that I last saw h. c. & alive on May 9 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration fract
Due to Rheumatic heart disease fract
&
Due to Ca 7 Breast c 5 yrs.
metastasis to liver lungs
Other conditions fract
(Include pregnancy within 5 months of death)

Major findings: 50
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. J. Ayers (M. D. owner)
Address Truckee, Mo. Date signed 5-14-43

RECEIVED

Miller County Health Dep't.

County File Number 43-43

Date Filed 6/7/43

JUN 23 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address.....Bedon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.